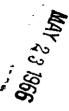
يغم سرون (م	MIS	SSC	UR	I DI	VIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	32- 009618
DO NOT WRITE	E	Δ.	MENDI	FD	I F	HEALTH AND WELFARE Legistration District No	STATE FILE NUMBER
VS 300	1 1	1]=	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased live as STATE > b. COUNTY	ved. If institution: Residence before admission)
Rev. 4/59		ENDED	1		-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Inside Limits
		AME				TOWN Branco 2 no TOWN Hallens	Yes No.2
1060	<u> </u>	TE A			I^-	HOSPITAL OR/ ADDRESS /	give location) Reside on Farm
21060	<u>, </u>	DATE		Ц	I =	They was a second	Yes Æ No 🗆
3						(Type or print)	onth Day Year
4 /] '				 	5. SEX 6. COLOR OR RACE 7. Married & Never Merried 8. DATE OF BIRTH 9. AGE (lest birthday)	IF UNDER 1 YEAR I IF UNDER 24 HR
5 /	7				•	F Widowed Divorced 8-17-1915 46	Months Days Hours Min.
	- s				16	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY
7 1	- ĕ				 	Manuela Hounterens Messer	HUSBAND OR WIFE
7 0	-[편				`` ا	Samuel n' cleave Chlor Ball Bud	Helseth
8 2	AS I				1:	(es, no, or unknown) (If yes, give war or dates of services)	Address
9154X	RE,					to how said talseth	Wallette No INTERVAL BETWEEN
10	⋖			EN I		18. CAUSE OF DEATH (Enter only one cause per line on the part i. DEATH WAS CAUSED BY:	ONSET AND DEATH
11	RECORD	P		CUMEN		IMMEDIATE CAUSE (a)	\mathcal{Q}
12/-0	REC	FAD		8		Conditions, if any, DUE TO (b) a lewone of foel	un
13/-0	THIS	INST	-			which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)	
	- N				ᅙ	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	III. If deceased was female wa there a pregnancy in last 90 days
	NTS				Ş		Yes No Unknown
	AMENDMENTS				CERTIFICATION	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in performed). The performed injury in performed injury in performed injury in performed injury in performed injury inju	n PART I or PART II of item 18.)
Z	WEN				EDICAL	20c. TIME OF Hour Month, Day, Year	
T INK RIBBON	₹				MEDI	INJURY a.m. p.m.	
<u> </u>		۵				20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	COUNTY STATE
LAC TER		REAL	:		1	21. I attended the deceased from 4/1/6/ , to 2/16/62 and last saw her alive on.	2/16/62
E B						Death occurred atm on the date stated above, and to the best of my known	wledge, from the causes stated.
USE BLAC OR TYPEWRITER	',	SHOULD	ŀ	ö		22a. SIGNATORE (Degree or title) 22b. ADDRESS	22c. DATE SIGNED
		Š		<u> </u>	22	Sa. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to	wn, or county) (State)
		Ö.		AFFIDAV	1	REMOVAL (Specify) 2-19-62 Brancon Beau	w me
		'EM		ΥAF	24	FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S	SIGNATURE
		=		1	<u></u>	Walter war Drawer To J-0-64 Helen	Campell
I						(Licensed Embalmer's Statement on Reverse Side)	



STATEMENT BY LICENSED EMBALMER ...

ру	, Student Embalmer No
orking under my personal supervision.	Walter Coal
dentSignature of Student Embalmer	Signed College Signed
·	Licensed Embalmer No. 473/
	P. O. Address Beauty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.